Case 19-14122-elf Doc 15 Filed 08/05/19 Entered 08/05/19 10:47:02 Desc Main Document Page 1 of 32

Fill in this in	nformation to ic	lentify your case	and this filing:		
Debtor 1	Michael	D.	Hawk		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name		
United States B	sankruntcy Court for	the: FASTERN DIS	ST. OF PENNSYLVANIA		
Case number	19-14122	<u> </u>	, , , , , , , , , , , , , , , , , , ,		
(if known)	13-14122			_	if this is an led filing
Official Forn	n 106A/B				
Schedule A	VB: Property	1			12/15
filing together, be sheet to this form Part 1: Do	ooth are equally res m. On the top of a escribe Each R	sponsible for supply ny additional pages, esidence, Buildi	Ge as complete and accurate a ring correct information. If mo write your name and case numbers, Land, or Other Real Et in any residence, building, la	re space is needed, attach a mber (if known). Answer eve Estate You Own or Have	separate ry question.
□ No. Go	to Part 2. Where is the property	•	t in any residence, building, la	mu, or similar property?	
1.1. Residence Debtor believe	s home to be wo	Check all	he property? that apply. e-family home	Do not deduct secured clai amount of any secured cla Creditors Who Have Claim	ims on Schedule D:
\$255,000			ex or multi-unit building Iominium or cooperative	Current value of the entire property?	Current value of the portion you own?
Berks		Manu	ufactured or mobile home	\$255,000.00	\$255,000.00
County			stment property share	Describe the nature of yo interest (such as fee simple entireties, or a life estate)	ole, tenancy by the
		Who has	an interest in the property?	Fee Simple	
		Debte	ne. or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and anoth	Check if this is comm (see instructions)	nunity property
			ormation you wish to add abo	ut this item, such as local	_
	•	-	of your entries from Part 1, in rite that number here		\$255,000.00
Part 2: Do	escribe Your Vo	ehicles		·	
Do you own, lea	se, or have legal o	r equitable interest i	in any vehicles, whether they a also report it on Schedule G: Ex	_	-
3. Cars, vans,	trucks, tractors, s	port utility vehicles,	motorcycles		
□ No ☑ Yes					

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1 Michael D. Hawk Case number (if known) 19-1				14122	
3.1. Mak Mod Yea	ke: del:	Dodge Durango 2011	Who has an interest in the property? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Do not deduct secured clai amount of any secured cla Creditors Who Have Claim Current value of the entire property?	ims on Schedule D:
App	roximate mileage:	86,000	At least one of the debtors and another	\$13,000.00	\$13,000.00
Oth	er information:		The loads one of the debters and arietines	φ13,000.00	φ13,000.00
201 mil		go (approx. 86,000	Check if this is community property (see instructions)		
3.2. Mak		Dodge	Who has an interest in the property? Check one.	Do not deduct secured clai	ims on Schedule D:
Mod	del:	Ram 1500	Debtor 1 only	Creditors Who Have Claim	s Secured by Property.
Yea	ır:	2014	Debtor 2 only	Current value of the	Current value of the
App	roximate mileage:	96,000	☐ Debtor 1 and Debtor 2 only At least one of the debtors and another	entire property?	portion you own?
	er information:		At least one of the debtors and another	\$17,000.00	\$17,000.00
	4 Dodge Ram 1 es)	500 (approx. 96,000	Check if this is community property (see instructions) and other recreational vehicles, other veh	inles and appearance	
7.	Examples: Boats No Yes	, trailers, motors, person	al watercraft, fishing vessels, snowmobiles, m	notorcycle accessories	
5.		•	own for all of your entries from Part 2, inclu	- ·	\$30,000.00
	entries for pages	s you have allached for	Part 2. Write that number here	7	
Р	art 3: Descr	ibe Your Personal	and Household Items		
Do	you own or have a	any legal or equitable ir	nterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	•	s and furnishings appliances, furniture, lin	ens, china, kitchenware		
	☐ No ☑ Yes. Describ		oom, dining room, 4 bedrooms, 2.5 bar orated by reference	throoms, garage all	\$7,000.00
7.	•		video, stereo, and digital equipment; compute evices including cell phones, cameras, media	•	
	☐ No ✓ Yes. Describ	e 4 TVs, 1 compu	ter, 2 ipads, 3 smartphones, xbox, wii-	u	\$700.00
8.	, ,	ues and figurines; paintin	gs, prints, or other artwork; books, pictures, o collections; other collections, memorabilia, col	• •	
	☐ No ☑ Yes. Describ		football cards - older cards that have lue or of content of collection	been handed down;	Unknown
9.	Examples: Sports	. • .	e, and other hobby equipment; bicycles, pool to tools; musical instruments	ables, golf clubs, skis;	
	☐ No ☑ Yes. Describ	e Treadmill, weig l	ht bench, baseball and football equipm	ent for kids	\$1,000.00

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Deb	tor 1	Michael D. Hawk	Case number (if known) 19-1	4122	
10.	Firearm Example		mmunition, and related equipment		
	☐ No ✓ Yes.	Describe hunting rifle	•	\$400.00	
11.	Clothes Example	es: Everyday clothes, furs, le	ather coats, designer wear, shoes, accessories		
	☐ No ✓ Yes.	Describe Clothing		\$1,500.00	
12.	Jewelry Example	es: Everyday jewelry, costum gold, silver	e jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	□ No ✓ Yes.	Describe Wedding rin	ngs	\$500.00	
13.	Example	m animals es: Dogs, cats, birds, horses			
	☐ No ✓ Yes.	Describe Dog		\$0.00	
14.	did not	•	items you did not already list, including any health aids you		
	سنا	Give specific mation		\$50.00	
15.			ntries from Part 3, including any entries for pages you have er here	\$11,150.00	
Pa	art 4:	Describe Your Finance	cial Assets		
			ole interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.	
16.	Cash Example	es: Money you have in your w petition	vallet, in your home, in a safe deposit box, and on hand when you file your		
	☐ No ✓ Yes.		Cash:	\$100.00	
17.	7. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.				
	□ No ☑ Yes.		Institution name:		
	17.	Checking account:	Wells Fargo Checking account	\$1,000.00	
	17.	2. Checking account:	BBT Checking account;	\$4,000.00	
18.		mutual funds, or publicly traces: Bond funds, investment a	aded stocks ccounts with brokerage firms, money market accounts		
	<u> </u>	Institution	n or issuer name:		

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Deb	otor 1	Michael D. Hawk	Case number (if known) 19-14122
19.	•	blicly traded stock and interests in incorporated and unincorporated burest in an LLC, partnership, and joint venture	usinesses, including
	✓ No □ Ye inf	s. Give specific ormation about m	% of ownership:
20.	Negoti	ment and corporate bonds and other negotiable and non-negotiable instable instruments include personal checks, cashiers' checks, promissory note gotiable instruments are those you cannot transfer to someone by signing o	s, and money orders.
	inf	s. Give specific ormation about m	
21.		nent or pension accounts es: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, profit-sharing plans	or other pension or
	_	s. List each count separately. Type of account: Institution name:	
22.	Your s Examp	y deposits and prepayments are of all unused deposits you have made so that you may continue service es: Agreements with landlords, prepaid rent, public utilities (electric, gas, waites, or others	
	☑ No	Institution name or individual:	
23.	_	es (A contract for a specific periodic payment of money to you, either for life	e or for a number of years)
	✓ No	leaver same and description	
24.	Interes	slssuer name and description: ts in an education IRA, in an account in a qualified ABLE program, or u C. §§ 530(b)(1), 529A(b), and 529(b)(1).	nder a qualified state tuition program.
	✓ No		
25	_	Institution name and description. Separately file the re	•
25.		equitable or future interests in property (other than anything listed in lisexectisable for your benefit	ine 1), and rights of
	_	s. Give specific ormation about them	
26.	Examp	s, copyrights, trademarks, trade secrets, and other intellectual property es: Internet domain names, websites, proceeds from royalties and licensing	
	_	s. Give specific ormation about them	
27.		es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association holdings,	liquor licenses, professional licenses
	✓ No		
		s. Give specific ormation about them	

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Deb	otor 1 Michael D. Hawk	Case number (if known)	19-14122
Mor	ney or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you		
	☑ No		
	Yes. Give specific information		Federal:
	about them, including whether you already filed the returns		State:
	and the tax years		Local:
29.	Family support Examples: Past due or lump sum alimony, spousal support, child support, mainte	enance, divorce settlement,	property settlement
	✓ No ☐ Yes. Give specific information	Alimony:	
	_	Maintenand	ce:
		Support:	
			ttlement:
		Property se	
21	✓ No Yes. Give specific information Interests in insurance policies		
24			
٠	Examples: Health, disability, or life insurance; health savings account (HSA); cre	edit, homeowner's, or renter's	's insurance
	☑ No ☐ Yes. Name the insurance		
	company of each policy	Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance p entitled to receive property because someone has died	policy, or are currently	
	NoYes. Give specific information		
33.	Claims against third parties, whether or not you have filed a lawsuit or made Examples: Accidents, employment disputes, insurance claims, or rights to sue	e a demand for payment	
	✓ No ☐ Yes. Describe each claim		
34.	Other contingent and unliquidated claims of every nature, including counter rights to set off claims	claims of the debtor and	
	✓ No Yes. Describe each claim		
35.	Any financial assets you did not already list		
	✓ No ☐ Yes. Give specific information		
36.	Add the dollar value of all of your entries from Part 4, including any entries tattached for Part 4. Write that number here) \$5,100.00

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Debtor 1		Michael D. Hawk	Case number (if known)			
P	art 5:	Describe Any Business-Related Property You Own or Hav	re an Interest In. 1	List any real estate in Part 1.		
		, ,				
37.	-	u own or have any legal or equitable interest in any business-related pro	operty?			
	_	o. Go to Part 6. es. Go to line 38.				
				Current value of the portion you own? Do not deduct secured claims or exemptions.		
88.	Accou	nts receivable or commissions you already earned		ciamic of oxompaction		
	✓ No	es. Describe				
39.		equipment, furnishings, and supplies oles: Business-related computers, software, modems, printers, copiers, fax m desks, chairs, electronic devices	nachines, rugs, telepho	nes,		
	☑ No	es. Describe				
10.	Machi	nery, fixtures, equipment, supplies you use in business, and tools of you	ur trade			
	✓ No	es. Describe				
11.	Invent	ory				
	✓ No	es. Describe				
12.	Interes	sts in partnerships or joint ventures				
	✓ No	es. Describe Name of entity:	% of own	nership:		
13.	Custo	mer lists, mailing lists, or other compilations				
	✓ No	es. Do your lists include personally identifiable information (as defined in No Yes. Describe	n 11 U.S.C. § 101(41A))?		
14.	Any bu	usiness-related property you did not already list				
	✓ No	es. Give specific information.				
15.		ne dollar value of all of your entries from Part 5, including any entries for ed for Part 5. Write that number here		→ \$0.00		
P	art 6:	Describe Any Farm- and Commercial Fishing-Related Prolif you own or have an interest in farmland, list it in Part 1.	perty You Own or	Have an Interest In.		
16.	Do you	u own or have any legal or equitable interest in any farm- or commercial	fishing-related prope	erty?		
	_	o. Go to Part 7. es. Go to line 47.				

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Deb	tor 1	Michael D. Hawk	Case number (if known)	19-1	4122
47	Farm a	nimale			Current value of the portion you own? Do not deduct secured claims or exemptions.
41.		es: Livestock, poultry, farm-raised fish			
48.	Crops	either growing or harvested			
		. Give specific rmation			
49.	Farm a	nd fishing equipment, implements, machinery, fixtures, and tools of tra	ide		
	✓ No ☐ Yes	i			
50.	Farm a	nd fishing supplies, chemicals, and feed			
	✓ No ☐ Yes	i			
51.	Any far	m- and commercial fishing-related property you did not already list			
	_	s. Give specific rmation			
52.		e dollar value of all of your entries from Part 6, including any entries for d for Part 6. Write that number here		→	\$0.00
Pa	art 7:	Describe All Property You Own or Have an Interest in Tha	t You Did Not List A	bove	
53.		have other property of any kind you did not already list? es: Season tickets, country club membership			
	✓ No ☐ Yes	. Give specific information.		ı	
54.	Add the	e dollar value of all of your entries from Part 7. Write that number here.		→	\$0.00

Debtor 1	Michael D. Hawk	Case nu	mber (if known)	19-1412	2
Part 8:	List the Totals of Each Part of this Form				
55. Part 1	l: Total real estate, line 2			→ _	\$255,000.00
56. Part 2	2: Total vehicles, line 5	\$30,000.00			
57. Part 3	3: Total personal and household items, line 15	\$11,150.00			
58. Part 4	l: Total financial assets, line 36	\$5,100.00			
59. Part 5	5: Total business-related property, line 45	\$0.00			
60. Part 6	6: Total farm- and fishing-related property, line 52	\$0.00			
61. Part 7	7: Total other property not listed, line 54	+\$0.00			
62. Total	personal property. Add lines 56 through 61	\$46,250.00	Copy personal property total	→ +_	\$46,250.00
63. Total	of all property on Schedule A/B. Add line 55 + line 62.				\$301,250.00

Official Form 106A/B Schedule A/B: Property page 8

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Fill in this information to identify your case:				
Debtor 1	Michael First Name	D. Middle Name	Hawk Last Name	
Debtor 2				
(Spouse, if filing)		Middle Name	Last Name T. OF PENNSYLVANIA	
Case number	19-14122	or the. EASTERN DIS	1. OF PENNSTEVANIA	
(if known)	19-14122			

Official Form 106C

Part 1:

Schedule C: The Property You Claim as Exempt

Identify the Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	 You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 					
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B		eck only one box for h exemption		
Res Del \$25	of description: sidence otor believes home to be worth 5,000 e from Schedule A/B:1.1	\$255,000.00		\$15,702.21 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)	
201 mile	of description: 1 Dodge Durango (approx. 86,000 es) 2 from Schedule A/B: 3.1	\$13,000.00		\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)	
	f description: 4 Dodge Ram 1500 (approx. 96,000	\$17,000.00	<u> </u>	\$0.00 100% of fair market	11 U.S.C. § 522(d)(2)	

Are you claiming a homestead exemption of more than \$170,350?
 (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

$ \overline{\mathbf{A}} $	No	
	Yes.	Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
		No
		Yes

miles)

Line from Schedule A/B: 3.2

value, up to any applicable statutory

Michael D. Hawk		Case number	(if known) 19-14122
Part 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	ount of the mption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	ck only one box for n exemption	
Brief description: Kitchen, living room, dining room, 4 bedrooms, 2.5 bathrooms, garage all contents incorporated by reference Line from Schedule A/B:6	\$7,000.00	\$7,000.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 4 TVs, 1 computer, 2 ipads, 3 smartphones, xbox, wii-u Line from Schedule A/B:7	\$700.00	\$700.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Baseball cards, football cards - older cards that have been handed down; uncertain of value or of content of collection Line from Schedule A/B: 8	Unknown	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Treadmill, weight bench, baseball and football equipment for kids Line from Schedule A/B: 9	\$1,000.00	\$1,000.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: hunting rifle Line from Schedule A/B:10	\$400.00	\$400.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Clothing Line from Schedule A/B:11	\$1,500.00	\$1,500.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Wedding rings Line from Schedule A/B:12	\$500.00	\$500.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: Nebulizer Line from Schedule A/B:14	\$50.00	\$50.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Cash Line from Schedule A/B:16	\$100.00	\$100.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

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Debtor 1	Michael D. Hawk		Case number	(if known) 19-14122
Part 2:	Additional Page			
	iption of the property and line on /B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief descrip Wells Farg	otion: go Checking account	\$1,000.00	\$1,000.00 100% of fair market	11 U.S.C. § 522(d)(5)
Line from So	chedule A/B: 17.1		value, up to any applicable statutory limit	
Brief descrip	otion: king account;	\$4,000.00	\$4,000.00 100% of fair market	11 U.S.C. § 522(d)(5)
Line from So	chedule A/B: 17.2		value, up to any applicable statutory limit	

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Fill in this inf	ormation to ider	ntify your cas	e:			
Debtor 1	Michael	D.	Hawk			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the	EASTERN DI	ST. OF PENNSYLVAN	IIA		
Case number (if known)	19-14122				☐ Check if this is	s an
(II KIIOWII)					amended filing	J
Official Form	106D					
Schedule D:	Creditors W	ho Have Cl	aims Secured by	/ Property		12/15
On the top of any 1. Do any credit □ No. Che □ Yes. Fill Part 1: Lis 2. List all secure claim, list the creditor has a	additional pages, we cors have claims seed ck this box and submin all of the information at All Secured Claims. If a credit creditor separately for particular claim, list to ible, list the claims in	rite your name a cured by your pr nit this form to the on below. aims tor has more than or each claim. If no the other creditors	n one secured more than one s in Part 2. As	vn).		
2.1		Describe the	ne property that	\$15,429.00	\$13,000.00	\$2,429.00
Credit Acceptan Creditor's name 25505 West Twe Number Street			ge Durango (approx.			
Check if this o	Debtor 2 only the debtors and anot claim relates ty debt	Conting Unliquid Dispute Nature of li An agre Statutor Judgme	dated en. Check all that apply. eement you made (such as ry lien (such as tax lien, ment lien from a lawsuit ncluding a right to offset) ase Money	s mortgage or secured	car loan)	
Date debt was inc	urrea	Last 4 digit	s of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$15,429.00

Debtor 1 Michael D. Hawk		_ Case number (if	known) 19-14122	
Part 1: Additional Page After listing any entries on sequentially from the previous		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Crescent Bank and Trust Creditor's name Customer Correspondence Number Street P.O. Box 61813 New Orleans LA 70161-1813 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	Describe the property that secures the claim: 2014 Dodge Ram 1500 (approx. 96,000 miles) As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, m Judgment lien from a lawsuit Other (including a right to offset) Auto Loan	s mortgage or secured	\$17,000.00 car loan)	\$5,322.00
Date debt was incurred 2.3 Flagstar Bank Creditor's name 5151 Corporate Drive Number Street	Last 4 digits of account number Describe the property that secures the claim: Residence	\$233,849.00	\$255,000.00	
Troy MI 48098 City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, m Judgment lien from a lawsuit Other (including a right to offset) Purchase Money	s mortgage or secured	car loan)	
Date debt was incurred	Last 4 digits of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$256,171.00

Debtor 1	Michael D. Hawk		Case number (if	known) 19-14122	
Part 1:	Additional Page After listing any entries on sequentially from the previous	· ·	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Creditor's name c/o Roland Number St	& Spa Service ne d Rick Stock LLC reet Fourth Street	Describe the property that secures the claim: Residence	\$5,448.79	\$255,000.00	
Debtor Debtor Debtor At least Check		As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) Judgment	mortgage or secured	car loan)	
Date debt v	vas incurred	Last 4 digits of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$5,448.79

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$277,048.79

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				•		
Fill in this inf	ormation to id	lentify your c	ase:			
Debtor 1	Michael	D.	Hawk			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for	the: EASTERN	DIST. OF PENNSYLVANIA			
Case number	19-14122				Check if this i	c an
(if known)				_	amended filin	
Official Form	106E/F			_		
Schedule E/	F: Creditor	s Who Hav	e Unsecured Claims			12/15
Do not include any if more space is not to this page. On the space is not to this page.	y creditors with peeded, copy the the top of any add	partially secured Part you need, fi ditional pages, w	and on Schedule G: Executory Co I claims that are listed in Schedule ill it out, number the entries in the rrite your name and case number secured Claims	D: Creditors Who has boxes on the left. A	lold Claims Sec	ured by Property.
1. Do any credit	tors have priority	unsecured clair	ms against you?			
No. Got	to Part 2.		-			
Yes.						
claim. For ear show both prio more space is claim, list the	ch claim listed, ide ority and nonpriori s needed for priori other creditors in	entify what type o ty amounts. As n ty unsecured clair Part 3.	creditor has more than one priority of claim it is. If a claim has both prior nuch as possible, list the claims in a ms, fill out the Continuation Page of e instructions for this form in the inst	ity and nonpriority am Iphabetical order acco Part 1. If more than o	ounts, list that coording to the cred	laim here and ditor's name. If
				Total claim	Priority	Nonpriority
					amount	amount
2.1						
			Loct 4 digits of account number			
Priority Creditor's Nam	ie		Last 4 digits of account number			
Number Street			When was the debt incurred?		_	
			As of the date you file, the claim	is: Check all that app	oly.	
			Contingent			
			Unliquidated Disputed			
City	State	ZIP Code	. Disputed			
Who incurred the	debt? Check of	ne.	Type of PRIORITY unsecured cla	aim:		
Debtor 1 only Debtor 2 only			Domestic support obligations	4		
Debtor 1 and D	Debtor 2 only		Taxes and certain other debts Claims for death or personal ir	, ,	ent	
	the debtors and a	nother	intoxicated	ijai y willio you wele		
Check if this o	claim is for a con	nmunity debt	Other. Specify			
Is the claim subje	ct to offset?		_			
□ No Vos						
Yes						

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Debtor 1	Michael D. Hawk	Case number (if known) 19-14122
Part 2:	List All of Your NONPRIORIT	TY Unsecured Claims
3. Do an	y creditors have nonpriority unsecured	d claims against you?
	No. You have nothing to report in this part es	t. Submit this form to the court with your other schedules.
If a cre type o	editor has more than one nonpriority unse f claim it is. Do not list claims already inc	in the alphabetical order of the creditor who holds each claim. curred claim, list the creditor separately for each claim. For each claim listed, identify what cluded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.
		Total claim
4.1		\$807.00
Bank of A	America reditor's Name	Last 4 digits of account number
POB 9822		When was the debt incurred?
Number	Street	As of the date you file, the claim is: Check all that apply.
		_ Contingent
		☐ Unliquidated ☐ Disputed
El Paso	TX 79998	Disputed
City	State ZIP Code	Type of NONPRIORITY unsecured claim:
	red the debt? Check one.	☐ Student loans
✓ Debtor	•	Obligations arising out of a separation agreement or divorce
ш	1 and Debtor 2 only	that you did not report as priority claims
	t one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify
☐ Check	if this claim is for a community debt	Credit Card
Is the clain	n subject to offset?	
☑ No	•	
Yes		
4.2		\$5,710.00
Best Buy		Last 4 digits of account number
Nonpriority C POB 6497	reditor's Name	When was the debt incurred?
Number	Street	As of the date you file, the claim is: Check all that apply.
		_ Contingent
		Unliquidated
Sioux Fal	ls SD 57117	Disputed
City	State ZIP Code	Type of NONPRIORITY unsecured claim:
	red the debt? Check one.	☐ Student loans
Debtor	-	Obligations arising out of a separation agreement or divorce
Debtor	2 only 1 and Debtor 2 only	that you did not report as priority claims
	t one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts
_	if this claim is for a community debt	✓ Other. Specify Credit Card
_	n subject to offset?	Orbait Jaru
No No		
Yes		

Debtor 1 Michael D. Hawk	Case number (if known)19-14122	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$1,147.00
Discover	Last 4 digits of account number	
Nonpriority Creditor's Name P.O. Box 30943	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Salt Lake City UT 84130		
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
Is the claim subject to offset? No Yes	Credit Card	
4.4		\$3,695.00
Fingerhut/Webbank Nonpriority Creditor's Name	Last 4 digits of account number	
6250 Ridgewood Rd	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Saint Cloud MN 56303-0820	Disputed	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
4.5		\$15,544.00
GM Financial Nonpriority Creditor's Name	Last 4 digits of account number	
POB 181145	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed	
Arlington TX 76096		
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Auto Loan or Deficiency Balance	
☑ No □ Yes		

Debtor 1 Michael D. Hawk	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.6		\$2,575.00
LVNV Funding LLC	Last 4 digits of account number	·
Nonpriority Creditor's Name 15 South Main Street Ste 500	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Greenville SC 29601	—	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
Check if this claim is for a community debt	Debt Buyer	
Is the claim subject to offset? No Yes		
4.7		\$2,592.00
ONEMAIN FINANCIAL	Last 4 digits of account number	·
Nonpriority Creditor's Name PO Box 1010	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Evansville IN 47706-1010		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Personal Loan	
Is the claim subject to offset? ✓ No ✓ Yes		
4.8		\$9,660.00
PORTFOLIO RECOVERY ASSOC	Last 4 digits of account number	<u> </u>
Nonpriority Creditor's Name Riverside Commerce Center	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
120 Corporate Blvd Ste 100	□ Contingent □ Unliquidated	
Norfolk , VA-235024962	Disputed	
City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ✓ No	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Debt Buyer	
☐ Yes		

Debtor 1 Michael D. Hawk	Case number (if known)19-14122	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$8,068.00
PORTFOLIO RECOVERY ASSOC	Last 4 digits of account number	
Nonpriority Creditor's Name Riverside Commerce Center	When was the debt incurred?	
Number Street 120 Corporate Blvd Ste 100	As of the date you file, the claim is: Check all that apply.	
Norfolk , VA-235024962	Contingent Unliquidated	
101101K, 171 2002 1002	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Debt Buyer	
☑ No Yes		
4.10		\$679.00
SYNCB/CARE CREDIT Nonpriority Creditor's Name	Last 4 digits of account number	
PO Box 965036	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply. — Contingent	
	Unliquidated	
Orlando FL 32896-5036	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? ☑ No		
Yes		
4.11		\$294.00
The Bank of Missouri Nonpriority Creditor's Name	Last 4 digits of account number	
216 W 2nd Avenue	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
Dixon MO 65459	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt Is the claim subject to offset?	Credit Card	
No		
☐ Yes		

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Debtor 1	Michael D. Hawk	Case number (if known)	19-14122

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	^{6d.} +	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$50,771.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$50,771.00

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Fill in this inf	ormation to i	dentify your case	:
Debtor 1	Michael First Name	D. Middle Name	Hawk Last Name
Debtor 2	riist Name	ivildale Name	Last Name
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bar	nkruptcy Court fo	r the: EASTERN DIS	T. OF PENNSYLVANIA
Case number (if known)	19-14122		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill i	n this inf	ormation to ide	ntify your case:			
Debto	or 1	Michael	D.	Hawk		
		First Name	Middle Name	Last Name		
Debto (Spou	or 2 ise, if filing)	First Name	Middle Name	Last Name		
United	d States Bai	nkruptcy Court for the	ne: EASTERN DIS	T. OF PENNSYLVAN	ANIA	
	number	19-14122				
(if kno					☐ Check if this is an amended filing	
Offici	al Form	106H				
Sche	dule H	Your Codek	otors		1	2/1
two maneeded	arried peop I, copy the On the top	le are filing togeth Additional Page, fi of any Additional I	er, both are equally Il it out, and numbe Pages, write your na	responsible for suppl or the entries in the bo name and case number	have. Be as complete and accurate as possible. If plying correct information. If more space is excess on the left. Attach the Additional Page to this er (if known). Answer every question.	
1. Do	No	any codebtors?	(If you are filing a joi	nt case, do not list eithe	her spouse as a codebtor.)	
					r territory? (Community property states and territories Rico, Texas, Washington, and Wisconsin.)	
	•		er spouse, or legal e	quivalent live with you a	at the time?	
pe cr	Column 1, erson show editor on S	n in line 2 again as chedule D (Officia	a codebtor only if	that person is a guara dule E/F (Official Forn	a codebtor if your spouse is filing with you. List the rantor or cosigner. Make sure you have listed the rm 106E/F), or <i>Schedule G</i> (Official Form 106G). Use	
	Column 1:	Your codebtor			Column 2: The creditor to whom you owe the do	ebt
					Check all schedules that apply:	
2.1	Hawk, Ju	ıne l			chosh an concessed that apply	
3.1	Name				Schedule D, line	
	Number	hew Drive Street			Schedule E/F, line 4.5	
					Schedule G, line	
	Sinking S	Spring	PA State	18608 ZIP Code	GM Financial	
0.0	•	uno I	Ciaic	0000		
3.2	Hawk, Ju Name				Schedule D, line 2.4	
	103 Mattl Number	hew Drive Street			Schedule E/F, line	
	-				Schedule G, line	
	Sinking S	Spring	PA State	18608 ZIP Code	Kay Pool & Spa Service	
3.3	Hawk, Ju	ine L.			Schedule D, line	
	Name 103 Mattl	hew Drive			<u></u>	
	Number	Street			Schedule E/F, line 4.7	
	Oimbin of	\	D.4	40000	ONEMAIN FINANCIAL	
	Sinking S City	pring	PA State	18608 ZIP Code		

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Fill in this inforr	mation to identify					
Debtor 1	Michael First Name	D. Middle Name	Hawk Last Name	Cr	neck if this is:	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	— c	An amended filing	
United States Bank	cruptcy Court for the:	EASTERN DIST	OF PENNSYLVANIA	□	A supplement showing postpetition chapter 13 income as of the following date MM / DD / YYYY	
Case number (if known)	19-14122					
Official Forms 44	001					

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-filing	g spouse
	If you have more than one job, attach a separate page with information about	Employment status	✓ Employed☐ Not employed		✓ Employed☐ Not employed	
	additional employers.	Occupation	Programmer		Registered Nurse/Clinical Coor	
	Include part-time, seasonal, or self-employed work.	Employer's name	Summit Steel		Penn State Health	
	Occupation may include student or homemaker, if it applies.	Employer's address	Number Street		Number Street	
			City	State Zip Code	City	State Zip Code
		How long employed to	here? <u>1 year</u>		12 years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

5. For Debtor 1 for Debtor 2 or non-filing spouse

2. \$7,861.34 \$5,596.20

Deb	otor 1 Michael D. Hawk		Case nur	mber (if known) 19-1	4122			
		F	or Debtor 1	For Debtor 2 or non-filing spouse				
	Copy line 4 here	4.	\$7,861.34	\$5,596.20	•			
5.	List all payroll deductions:							
	5a. Tax, Medicare, and Social Security deductions	5a.	\$1,555.43	\$880.86				
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00				
	5c. Voluntary contributions for retirement plans	5c.	\$0.00	<u>\$503.60</u>				
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$85.95				
	5e. Insurance	5e.	\$0.00	\$682.18				
	5f. Domestic support obligations	5f.	\$1,040.00	\$0.00				
	5g. Union dues	5g.	\$0.00	\$0.00				
	5h. Other deductions. Specify:	_ 5h. +	\$0.00	\$0.00				
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$2,595.43	<u>\$2,152.59</u>				
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$5,265.91	\$3,443.61				
8.	List all other income regularly received:							
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00	<u>\$0.00</u>				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.							
	8b. Interest and dividends	8b.	\$0.00	\$0.00				
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	\$0.00				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.							
	8d. Unemployment compensation	8d.	\$0.00	\$0.00				
	8e. Social Security	8e.	\$0.00	\$0.00				
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
	Specify:	_ 8f.	\$0.00	\$0.00				
	8g. Pension or retirement income	8g.	\$0.00	<u>\$0.00</u>				
	8h. Other monthly income. Specify:	8h. 🛖	\$0.00	\$0.00				
		_	\$0.00					
9.	Add all other income. Add lines $8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h$.	9.	\$0.00	\$0.00				
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$5,265.91	+ \$3,443.61	\$8,709.52			
11.	State all other regular contributions to the expenses that you list in S Include contributions from an unmarried partner, members of your housel friends or relatives.			ur roommates, and othe	er			
	Do not include any amounts already included in lines 2-10 or amounts that	at are not	available to pay	expenses listed in Sche	edule J.			
	Specify:			11. 4	\$0.00			
12.	2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies. 12. \$8,709.52 Combined monthly income							
13.	Do you expect an increase or decrease within the year after you file	this form	?		-			
	✓ No. None. Yes. Explain:							

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F	ill in this inform	ation to ide	entify	your case:			Cho	ck if this	ic		
	Debtor 1	Michael		D.	Hawk				ns. ended filing		
		First Name		Middle Name	Last Na	me	╽ᡖ	A suppl	ement showing		
	Debtor 2 (Spouse, if filing)	First Name		Middle Name	Last Na	me		chapter followin	· 13 expenses a g date:	s of the)
	United States Bankr	uptcy Court for	the:	EASTERN DIST.	OF PENN	ISYLVANIA		MM / D	D / YYYY	_	
	Case number	19-14122						1411417	5, 1111		
	(if known)										
	fficial Form 10										
S	chedule J: Yo	ur Expen	ses								12/15
coi nai	rrect information. If me and case number	more space i	s nee Answ	ded, attach another er every question.	•	ng together, both ar his form. On the top					
1.	Is this a joint case	e?									
2.	_ No	ebtor 2 live in b. Debtor 2 mu	st file	arate household? Official Form 106J-2,	Expenses	s for Separate Househ	nold of	⁻ Debtor	2.		
	Do not list Debtor		\overline{Q}	es. Fill out this infor or each dependent		Dependent's relation Debtor 1 or Debtor		o to	Dependent's age		dependent with you?
	Debtor 2.					Child			13		No Yes
	Do not state the de names.	ependents'				Child			9		No Yes
						Child			5		No Yes
						Child			3		No Yes
											No Yes
3.	Do your expenses expenses of peop yourself and your	le other than		✓ No ☐ Yes						_	
P	Part 2: Estima	ate Your On	goin	g Monthly Exper	ises						
to i	•	of a date after	the b		-	re using this form as supplemental Sched		•	•		е
				government assista Schedule I: Your Inc					Your expens	ses	
4.			•	ses for your resider				4	1		\$1,728.00
	If not included in	line 4:		-							
	4a. Real estate ta	axes						2	ła		
	4b. Property, hom	neowner's, or re	enter's	insurance				2	1b		
	4c. Home mainte	nance, repair, a	and up	keep expenses				2	łc		\$250.00
	4d. Homeowner's	association or	condo	ominium dues				4	ld.		

Deb	tor 1 Michael D. Hawk Case number	(if known)	19-14122
		Your e	expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$375.00
	6b. Water, sewer, garbage collection (See continuation sheet(s) for details)	6b	\$104.80
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$485.00
	6d. Other. Specify:	6d.	
7.	Food and housekeeping supplies	7.	\$1,500.00
8.	Childcare and children's education costs	8	\$160.00
9.	Clothing, laundry, and dry cleaning	9	\$150.00
10.	Personal care products and services	10	\$60.00
11.	Medical and dental expenses	11	\$100.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$575.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13	\$120.00
14.	Charitable contributions and religious donations	14	
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.	4.5	
	15a. Life insurance	15a	
	15b. Health insurance	15b	
	15c. Vehicle insurance15d. Other insurance. Specify:	15c 15d.	\$197.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	- Jou	
	Specify:	16	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1 durango	17a	\$571.00
	17b. Car payments for Vehicle 2	17b	\$457.00
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
19.	Other payments you make to support others who do not live with you. Specify:	19	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a	
	20b. Real estate taxes	20b.	
	20c. Property, homeowner's, or renter's insurance	20c	
	20d. Maintenance, repair, and upkeep expenses	20d	
	20e. Homeowner's association or condominium dues	20e	

page 2

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Debtor 1		Michae	D. Hawk	Case number (if known)	19-14122		
21.	Other.	Specify:	See continuation sheet	21. + _	\$657.00		
22.	Calcul	ate your n	nonthly expenses.				
	22a.	Add lines	through 21.	22a	\$7,489.80		
	22b.	Copy line	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b			
	22c.	Add line 2	2a and 22b. The result is your monthly expenses.	22c	\$7,489.80		
23.	Calcul	ate your n	nonthly net income.				
	23a.	Copy line	2 (your combined monthly income) from Schedule I.	23a	\$8,709.52		
	23b.	Copy your	monthly expenses from line 22c above.	23b. – _	\$7,489.80		
			our monthly expenses from your monthly income. is your monthly net income.	23c	\$1,219.72		
24.	Do you	u expect a	n increase or decrease in your expenses within the year after you fil	e this form?			
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
	☑ N						
	☐ Y	es. Explai None	n here:				

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Deb	otor 1 Michael D. Hawk	Case number (if known)	19-14122
6b.	Water, sewer, garbage collection (details):		
	Water		\$95.00
	Garbage		\$9.80
		Total:	\$104.80
21.	Other. Specify:		
	Kids' orthodontia treatment (concluding in 2020)		\$157.00
	Non-filing spouse Debt Service	_	\$500.00
		Total:	\$657.00

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Fill in this information to identify your case:						
Debtor 1	Michael First Name	D. Middle Name	Hawk Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA						
Case number (if known)	19-14122					

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	•
	1a. Copy line 55, Total real estate, from Schedule A/B	\$255,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	. \$46,250.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$301,250.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$277,048.79
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$50,771.00
	Your total liabilities	\$327,819.79
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$8,709.52
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$7,489.80

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Deb	tor 1	Michael D. Hawk	ase number (if known) _ 19-14122
P	art 4	Answer These Questions for Administrative and Statistica	l Records
6.	Are	you filing for bankruptcy under Chapters 7, 11, or 13?	
		No. You have nothing to report on this part of the form. Check this box and subr Yes	nit this form to the court with your other schedules.
7.	Wha	at kind of debt do you have?	
		Your debts are primarily consumer debts. Consumer debts are those "incurre family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistic	
		Your debts are not primarily consumer debts. You have nothing to report on this form to the court with your other schedules.	his part of the form. Check this box and submit
3.		m the Statement of Your Current Monthly Income: Copy your total current montrial Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	thly income from \$12,452.18
).	Cop	by the following special categories of claims from Part 4, line 6 of <i>Schedule E</i>	/F:
			Total claim
	Fro	m Part 4 on Schedule E/F, copy the following:	
	9a.	Domestic support obligations. (Copy line 6a.)	\$0.00_
	9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
	9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
	9d.	Student loans. (Copy line 6f.)	\$0.00
	9e.	Obligations arising out of a separation agreement or divorce that you did not reportive claims. (Copy line 6g.)	ort as \$0.00
	9f.	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00
	9g.	Total. Add lines 9a through 9f.	\$0.00

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Debtor 1 Michael D. Hawk First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA Case number 19-14122	Fill in this info	ormation to i	identify your case	:	
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA Case number 19-14122	Debtor 1				
United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA Case number 19-14122					
Case number 19-14122	, , ,				IA
		. ,	<u> </u>		<u> </u>

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is !	IOT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have true and correct.	read the summary and schedules filed with this declaration and that they are
X /s/ Michael D. Hawk Michael D. Hawk, Debtor 1	X
Date 06/20/2019 MM / DD / YYYY	Date MM / DD / YYYY

		Desc Main					
B2030 (Form 2030) (12/15) UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA READING DIVISION							
	Case No. <u>19-14122</u>						
	Chapter 13						
OF COMPENSATION OF	F ATTORNEY FOR DEBTOR						
hin one year before the filing of the	petition in bankruptcy, or agreed to be pai	d to me, for					
to accept	\$4,000.00						
t I have received							
	\$3,000.00						
paid to me was:							
☐ Other (specify)							
e paid to me is:							
☐ Other (specify)							
bove-disclosed compensation with a	another person or persons who are not m	embers or					
fee, I have agreed to render legal so	ervice for all aspects of the bankruptcy ca	se, including:					
ial situation, and rendering advice to	the debtor in determining whether to file	a petition in					
etition, schedules, statements of aff	airs and plan which may be required;						
	UNITED STATES BANKRUEASTERN DISTRICT OF PREADING DIVIS E OF COMPENSATION OF READING DIVIS and Fed. Bankr. P. 2016(b), I certify to the red on behalf of the debtor(s) in constant to accept	UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA READING DIVISION Case No. 19-14122 Chapter 13 E OF COMPENSATION OF ATTORNEY FOR DEBTOR and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named thin one year before the filing of the petition in bankruptcy, or agreed to be paired on behalf of the debtor(s) in contemplation of or in connection with the bank to accept					

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;